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CHAPTER 1000: Intake and Investigative Services		PROFESSIONAL STANDARDS See Section VIII.
	CHILD AND FAMILY SERVICES AGENCY  Approved by: _____ Signature of Agency Director	
EFFECTIVE DATE: March 25, 2002	LATEST REVISION: September 30, 2003	REVIEW BY LEGAL COUNSEL: Yes

I. AUTHORITY	The Director of Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the federal Child Abuse Prevention and Treatment Act and its implementing regulations, provisions in Title 4, Chapter 13 and Title 16, Chapter 23 of the D.C. Code, and the modified final order and implementation plan in LaShawn A. v. Williams.
II. APPLICABILITY	All Hotline and Investigations staff and contracted Hotline and Investigations personnel.
III. RATIONALE	<p>The Hotline serves as the first line of contact between the community and the Agency for the protection of children. The purpose of the Hotline is to screen reports of alleged or suspected abuse and neglect of children. The primary functions of the Hotline include the following:</p> <ol style="list-style-type: none"> 1. Receive and document information from the reporting source. 2. Provide information and referral for prevention services. 3. Determine whether a report will be accepted for assessment or investigation. 4. Establish a priority for an accepted report. 5. Research agency records and collateral sources. 6. Promptly assign reports for assessment or investigation or for other agency and community services.
IV. POLICY	It is the policy of the Child and Family Services Agency (CFSA) that all reports pertaining to child maltreatment (abuse and neglect) are responded to in a thorough, systematic, and timely manner. To accomplish this goal, the Agency has established and maintains a Hotline system, which is operated and staffed on a 24-hour, 7-day per week basis. Staff assigned to the Hotline perform functions and duties in accordance with applicable legal requirements, CFSA policies and procedures, and training guidelines.

V. CONTENTS	A. Roles and Responsibilities of Hotline Staff B. Reporting Child Maltreatment C. Nature of Report D. Gathering Information for Child Abuse or Neglect Reports E. Priority Criteria F. Institutional Abuse Reports G. Notification of Police H. Critical Event Reports I. Diplomatic Immunity Reports J. Military Reports
VI. ATTACHMENTS	A. Child Abuse and Neglect Definitions B. Child Vulnerability Factors and Caretaker/Family and Child Danger Factors
VII. PROCEDURES	Procedure A: Roles and Responsibilities of Hotline Staff <ol style="list-style-type: none"> 1. The Hotline Supervisor shall review and approve all hotline reports, monitor the decision-making process, screen out inappropriate reports, review and submit critical event reports, and ensure timely assignment of emergency and non-emergency cases. A supervisor shall be available to consult with the Hotline Worker 24 hours a day, 365 days a year. The Hotline supervisor shall also identify and support the training needs of the Hotline staff. 2. The Hotline Worker shall document reports, determine the priority level of reports utilizing the Hotline Screening Tool and professional judgement, and submit reports for acceptance to the Hotline Supervisor. The Hotline Worker shall also courteously receive requests for information and referral and assist callers in locating the appropriate resource. 3. The procedures referenced below apply to all CFSA staff who are responsible for completing CFSA Hotline functions, regardless of the time of day or night that CFSA receives the call or contact.
	Procedure B: Reporting Child Maltreatment <ol style="list-style-type: none"> 1. Reports of suspected child abuse or neglect may be made to CFSA Hotline via telephone to (202) 671-SAFE, 24 hours a day, 7 days a week. Reports may also be made via written correspondence, walk-in, or CFSA staff observation while conducting an investigation or providing ongoing services. 2. Anyone may make an oral or written report to the Agency when there is reasonable cause to suspect a child may be or may have been abused or neglected. Reports made to Youth and Preventative Services Division (YPSD) of the Metropolitan Police Department (MPD) shall be referred immediately to CFSA.

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	<p>3. Any of the following individuals who have reasonable cause to believe that a child known to them in their professional or official capacity has been or is in immediate danger of being mentally or physically abused or neglected shall immediately make a report to the CFSA Hotline. (Reports made by these mandated reporters to the YPSD of the MPD shall be referred immediately to CFSA). Mandated reporters include:</p> <table border="1" data-bbox="516 394 1432 814"> <tr> <td data-bbox="516 394 982 814"> <ul style="list-style-type: none"> • Chiropractors • Dentists • Emergency Medical Technicians • Hospital staff • Law Enforcement Officers • Licensed Marital and Family Therapists • Licensed or Unlicensed Resident Interns • Licensed or Unlicensed Resident Physicians • Licensed Physicians • Licensed Practical Nurses • Licensed Substance Abuse Counselors • Licensed Surgeons • Medical Examiners • Mental Health Professionals </td><td data-bbox="982 394 1432 814"> <ul style="list-style-type: none"> • Any person paid to care for a child in any public or private facility, day care center or family day care home, which is licensed by the District • Osteopaths • Persons involved in the care and treatment of patients • Physician Assistants • Psychologists • Registered Nurses • School Guidance Counselors • School Officials • School Paraprofessionals • School Principals • School Teachers • Sexual Assault Counselors • Social Workers </td></tr> </table> <p>4. CFSA workers are mandated reporters and must report allegations of abuse and neglect to the Hotline if there are new allegations in existing cases.</p> <p>5. If a CFSA staff person becomes aware of the failure by a mandated reporter to report an allegation of child maltreatment, he or she shall immediately notify his or her supervisor, program manager, and program administrator.</p> <ol style="list-style-type: none"> The facts and circumstances of the case may initially be made orally, but shall be made in writing within 24 hours. The Program Manager shall be responsible for forwarding the writing report to the CFSA Office of the General Counsel within 24 hours of receipt of the written report. The Office of the General Counsel shall promptly review and, if appropriate, forward the written report to the Office of Corporation Counsel (OCC), General Crimes Division, which shall investigate and thereafter prosecute if it determines prosecution is warranted. <p>6. Any person, hospital or institution acting in good faith in making a report shall have immunity from liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of the report.</p> <p>7. Any mandated reporter who willfully fails to make a report shall be fined not more than \$100 or imprisoned for 30 days or both.</p> <p><i>Note: For procedures regarding the disclosure of the identity of the person making a report, see Child Protection Register Policy.</i></p>	<ul style="list-style-type: none"> • Chiropractors • Dentists • Emergency Medical Technicians • Hospital staff • Law Enforcement Officers • Licensed Marital and Family Therapists • Licensed or Unlicensed Resident Interns • Licensed or Unlicensed Resident Physicians • Licensed Physicians • Licensed Practical Nurses • Licensed Substance Abuse Counselors • Licensed Surgeons • Medical Examiners • Mental Health Professionals 	<ul style="list-style-type: none"> • Any person paid to care for a child in any public or private facility, day care center or family day care home, which is licensed by the District • Osteopaths • Persons involved in the care and treatment of patients • Physician Assistants • Psychologists • Registered Nurses • School Guidance Counselors • School Officials • School Paraprofessionals • School Principals • School Teachers • Sexual Assault Counselors • Social Workers
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Procedure C: Nature of Report

1. Hotline staff shall document all reports pertaining to abuse and neglect in response to information received from the public immediately in FACES whether the situation is assessed as Child Protective Services (CPS) or it is determined to be an Information and Referral (I&R). Documentation includes:
 - a. the name of the recipient of the report and the exact date and time of contact;
 - b. type of contact;
 - c. demographics;
 - d. nature of contact;
 - e. Hotline Screening Tool (for CPS reports); and
 - f. actions taken
2. The CFSA Hotline receives several different types of reports regarding children and families. The following is a list of the most common types of reports:

Child Protective Services (CPS) (triggers an investigation)	<ul style="list-style-type: none">• Child Fatalities or Critical Incident• Physical Abuse• Sexual Abuse• Domestic Violence• Physical Neglect• Educational Neglect• Medical Neglect• Abandonment• High-Risk Infants• Institutional Abuse
Information and Referral (I&R)	<ul style="list-style-type: none">• Physical or Sexual Assaults (not intra-familial)• Custody Issues• Child Beyond Parental Control• Juvenile Delinquency• Request for Services or Information• Protective Service (PS) Alerts

3. A report of child maltreatment shall meet the following criteria:
 - a. sufficient identifying information to locate the victim or the family (e.g. last known address or where the child can be located);
 - b. information meets the definition of abuse or neglect (see definitions in Attachment A);
 - c. victim is under the age of 18 years old;
 - d. incident must have occurred within the District of Columbia;
 - e. report is made in good faith; and
 - f. perpetrator is the child's parent, family member, or anyone responsible for the child's welfare at the time of the incident (intra-familial abuse or institutional abuse).

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	<p>4. Reports not meeting the criteria in #3 above shall be entered as I&Rs.</p> <p>5. A report of physical or sexual maltreatment that is not classified as intra-familial abuse or institutional abuse (e.g. perpetrator is not related to the victim, perpetrator has not assumed parental responsibilities or obligations, unrelated child on unrelated child, etc.) shall be:</p> <ol style="list-style-type: none"> entered as an I&R; Youth & Preventive Services Division (YPSD) Worksheet completed; worksheet faxed to YPSD; and report logged into the Assault Log Book at the Hotline. <p><i>Note: Physical or sexual assaults of children alleged to be by individuals other than parents or caretakers, such as siblings, other relatives, persons living in the home, or paramours shall be accepted as CPS reports, but listed under Failure to Protect or Lack of Supervision on the part of the parent or caretaker.</i></p> <p>6. A report involving maltreatment that has occurred in another jurisdiction shall be:</p> <ol style="list-style-type: none"> entered as an I&R; referred to the applicable jurisdiction (where the maltreatment occurred); and entered as an investigation if another jurisdiction requests a courtesy home assessment or interview when the family resides in the District. <p>7. A contact involving a parent or caretaker who desires to apply for legal custody or joint custody shall be:</p> <ol style="list-style-type: none"> entered as an I&R; and referred to the DC Superior Court – Domestic Relations Branch. <p>8. A contact involving a child who is refusing to comply with parental rules and guidelines, engaging in criminal activity, or refusing to attend school shall be:</p> <ol style="list-style-type: none"> entered as an I&R; and referred to Person In Need of Supervision (PINS) or other community resource. <p>9. A report involving a child in Shelter Care or Commitment who is returning from abscondance shall be:</p> <ol style="list-style-type: none"> entered as an I&R; referred to ongoing worker or unit during regular business hours; and referred to on-call staff after business hours.
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	<p>10. A report involving a child who was listed as a Missing Person on the National Crime Information Center (NCIC) and recovered by The Metropolitan Police Department (MPD) shall meet the following criteria:</p> <ol style="list-style-type: none"> the child is not a Ward of CFSA (for children who are Wards of CFSA, these are considered to be abscondences and are handled by the on-going worker if there are no allegations of abuse or neglect); the child does not have an open case with YSA, nor have criminal charges pending; MPD has been unable to locate the parents or caregivers within three (3) hours of locating the child when the child is a resident of the District of Columbia; and MPD has been unable to arrange for the parents or other jurisdiction to return the child within five (5) hours of locating the child when the child is not a resident of the District of Columbia (according to ICPC protocol). <p>11. A report involving the request for social services or information shall be:</p> <ol style="list-style-type: none"> entered as an I&R; and referred to the appropriate resources in the community.
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	<p>Procedure D: Gathering Information for Child Abuse or Neglect Reports</p> <ol style="list-style-type: none"> The Hotline Worker shall be appropriate and respectful of the culture and primary language of the reporter when receiving information and referrals or child protective services reports. The Hotline Worker shall ensure an interpreter is available while conducting the interview if the reporter does not speak English. A report shall contain as much of the following information the reporter is able to provide: <ol style="list-style-type: none"> reporter's identifying information (e.g. name, age, gender, address, etc.), relationship to the family, and contact information (if willing to disclose); <i>Note: Mandated reporters must provide their identifying information (i.e. name, contact information, statement of actions taken by reporter concerning the child and occupation) when making a report.</i> demographic information (e.g. name, age, gender, address, etc.) regarding the victim, siblings, other family members, other caretakers, and maltreater; family composition, available support systems, and community resources; information related to the medical and educational status of child; allegations of maltreatment and history of prior maltreatment (incidents reported and not reported);
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	<ul style="list-style-type: none"> f. injuries sustained as a result of the maltreatment; g. reporter's perception of the child's safety status, imminent danger concerns, and any special needs of the child; h. how reporter came to learn of the maltreatment and what prompted the report; i. information regarding other person(s) who may know about the maltreatment; j. family history of substance abuse, domestic violence, mental health concerns, parenting skills, and/or additional risk factors; k. date of the last time child was seen by the reporter and the child's condition; l. child's behavioral response to the maltreatment; m. reporter's assessment of safety for CFSA worker visiting the home; n. current location and address of the child and who is currently supervising the child; o. current location and address of the household and the assessment location; p. physical conditions of both the household and the assessment location; and q. additional information as indicated. <p>4. For reports involving domestic violence, the Hotline Worker shall address these additional issues:</p> <ul style="list-style-type: none"> a. history of perpetrator hurting anyone else in the home; b. history of police responding to the home for domestic disputes; c. history of weapons in the home; d. history and severity of fighting in the home; and e. threats of death or bodily harm. f. The Hotline Worker shall provide the following information: <ul style="list-style-type: none"> i. referrals to community agencies that addresses this issue; and ii. National Domestic Violence Hotline (1-800-799-SAFE (7233)). <p>5. For reports involving substance abuse, the Hotline Worker shall address these additional issues:</p> <ul style="list-style-type: none"> a. positive toxicology screen for newborn and/or mother; b. effects of substance abuse on the care of the child; c. caregiver currently under the influence of drugs or alcohol; and d. descriptive behaviors indicating that there is substance abuse. <p>6. All mandated reporters shall make a written report if requested by CFSA or if the report concerns abuse involving drug-related activity. Any licensed health professional or law enforcement officer (except an undercover officer whose identity or investigation might be jeopardized), shall report immediately in writing to CFSA that he or she believes that a child is abused as a result of inadequate care, control, or subsistence in the home environment due to exposure to drug-related activity.</p>
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	<p>7. The hotline staff shall conduct a search, while entering the report into FACES, to determine if any of the clients are known or have been known to CFSA. Any information obtained through the search is documented in the new report.</p>				
	<p>Procedure E: Priority Criteria</p> <ol style="list-style-type: none"> All accepted CPS reports shall be assigned a priority category; <ol style="list-style-type: none"> Priority Level I; or Priority Level II. The priority category shall be based on the following: <ol style="list-style-type: none"> the immediate protection needs of the child; the presence of physical evidence; and additional information to use in the decision making process(e.g. child vulnerability factors, caretaker/family and child danger factors, child's availability to be seen, the receipt of previous reports on this child). <i>See Attachment B.</i> A Priority Level I shall be assigned to a report when a child may be in need of immediate protection or in imminent danger. These reports shall be considered emergencies and must be responded to immediately. <ol style="list-style-type: none"> Priority Level I reports shall contain one or more of the following criteria: <table border="1"> <tr> <td>Priority Level I (Neglect)</td><td> <ul style="list-style-type: none"> Left Alone Uninhabitable conditions (e.g. family living in an abandoned building, etc.) Severe deprivation Walk-in Caretaker made plausible or credible threat to seriously harm the child </td></tr> <tr> <td>Priority Level I (Abuse)</td><td> <ul style="list-style-type: none"> Death Brain damage or skull fracture Subdural Hematoma Internal injuries Wounds (open or deep) Torture, bound or confinement Sexually transmitted diseases Sexual penetration Sexual exploitation Sexual molestation Failure to thrive Malnutrition Burning and scalding Medical neglect or infants born with handicapping conditions Shaken Baby Syndrome Sexual abuse with perpetrator having access to the victim Failure to protect (sexual and physical abuse) Sale or attempted sale of a child Other serious abuse allegations depending upon the child vulnerability factors, the caretaker/family and child danger factors, the extent of the injury and the age of the child. Hospital, physician, or police is currently holding the child </td></tr> </table> 	Priority Level I (Neglect)	<ul style="list-style-type: none"> Left Alone Uninhabitable conditions (e.g. family living in an abandoned building, etc.) Severe deprivation Walk-in Caretaker made plausible or credible threat to seriously harm the child 	Priority Level I (Abuse)	<ul style="list-style-type: none"> Death Brain damage or skull fracture Subdural Hematoma Internal injuries Wounds (open or deep) Torture, bound or confinement Sexually transmitted diseases Sexual penetration Sexual exploitation Sexual molestation Failure to thrive Malnutrition Burning and scalding Medical neglect or infants born with handicapping conditions Shaken Baby Syndrome Sexual abuse with perpetrator having access to the victim Failure to protect (sexual and physical abuse) Sale or attempted sale of a child Other serious abuse allegations depending upon the child vulnerability factors, the caretaker/family and child danger factors, the extent of the injury and the age of the child. Hospital, physician, or police is currently holding the child
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	<p>b. The following actions by the Hotline Worker are required for Priority Level I abuse reports;</p> <ol style="list-style-type: none"> Notification of YPSD or Special Victims Unit (SVU), verbally and by fax, for a criminal investigation; Consultation with Hotline Supervisor prior to assignment of report to the Special Abuse Unit for investigation; and Hand delivery of the information to the Special Abuse Unit Supervisor who has assessment or investigation responsibility for the report. <p>c. The following actions by the Hotline Worker are required for Priority Level I neglect reports:</p> <ol style="list-style-type: none"> Consultation with Hotline Supervisor prior to assignment of report to the Investigations Unit for investigation; Hand delivery of the information to the Investigations Supervisor who has assessment or investigation responsibility for the report. <p>d. The following actions by the Hotline Worker are required for both Priority Level I abuse and neglect reports:</p> <ol style="list-style-type: none"> Completion of all required documentation for an accepted report in FACES, including the Hotline Screening Tool (<i>See Procedure W: Documentation of the Investigations Policy</i>); Record Priority Level I reports in logbook. <p><i>Note: Priority Level I reports may require the completion of a Critical Events Report. See Procedure G: Critical Events Reports.</i></p> <p>4. A Priority Level II shall be assigned to a report when physical evidence is not at risk of being lost or the child is not at imminent risk of abuse or neglect. The child should generally not have immediate protection needs based on information gathered from the reporter and the Hotline Screening Tool. These reports can generally be responded to within 24 hours unless there are immediate safety concerns for the child, in which case they shall be treated as an emergency.</p> <p>a. Priority Level II reports shall contain one or more of the following criteria:</p> <table border="1" data-bbox="516 1308 1433 1797"> <tr> <td data-bbox="516 1308 740 1650">Priority Level II (Neglect)</td><td data-bbox="740 1308 1433 1650"> <ul style="list-style-type: none"> high-risk infants; boarder babies; substance abuse which impacts parenting; inadequate food; inadequate shelter; inadequate clothing; educational neglect; medical neglect (withholding medical treatment or discharge against medical advice); failure to obtain mental health services; lack of supervision or inadequate supervision; domestic violence; emotional or mental deprivation; or caretaker is unwilling or unable to provide care </td></tr> <tr> <td data-bbox="516 1650 740 1797">Priority Level II (Abuse)</td><td data-bbox="740 1650 1433 1797"> <ul style="list-style-type: none"> bone fractures (depending on age of child and type of injury); cuts, bruises, or welts; failure to protect; hitting, punching, biting; sprains or dislocations; or substantial risk of physical injury </td></tr> </table>	Priority Level II (Neglect)	<ul style="list-style-type: none"> high-risk infants; boarder babies; substance abuse which impacts parenting; inadequate food; inadequate shelter; inadequate clothing; educational neglect; medical neglect (withholding medical treatment or discharge against medical advice); failure to obtain mental health services; lack of supervision or inadequate supervision; domestic violence; emotional or mental deprivation; or caretaker is unwilling or unable to provide care 	Priority Level II (Abuse)	<ul style="list-style-type: none"> bone fractures (depending on age of child and type of injury); cuts, bruises, or welts; failure to protect; hitting, punching, biting; sprains or dislocations; or substantial risk of physical injury
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	<p>b. The following actions by the Hotline Worker are required for Priority Level II reports</p> <ul style="list-style-type: none"> i. Notification of YPSD if the report involves abuse; ii. Consultation with Hotline Supervisor prior to assignment of report for investigation; and iii. Completion of all required documentation for an accepted report in FACES, including the Hotline Screening Tool and transfer of the case via FACES to the investigations unit. 	
	<p>Procedure F: Institutional Abuse Reports</p> <p>1. Institutional abuse reports shall meet the criteria for either Priority Level I or Priority Level II listed under <i>Procedure E: Priority Criteria</i> and indicate suspected maltreatment or other risk to the health or safety of a child residing in the following facilities:</p> <ul style="list-style-type: none"> a. Emergency care facilities; b. Foster homes/adoptive/kinship homes for children in the custody of or committed to CFSA and located in the District; c. Independent living programs (other than those under Youth Services Administration (YSA) licensure); d. Runaway shelters; e. Youth group homes; f. Youth shelters; or g. Any other out-of-home facility providing custodial care, including daycare centers, before and after care programs, hospitals, residential facilities, acute psychiatric care facilities, and all CFSA contracted providers. <p>2. Institutional abuse reports shall be assigned to the Institutional Investigation Unit during regular business hours. If the report is received after regular business hours, the report shall be assigned to an Investigation Worker and reassigned to the Institutional Investigation Worker for completion. <i>See Institutional Investigations Policy.</i></p> <p><i>Note: Institutional abuse reports on children in the custody of or committed to CFSA but placed outside of the District in another jurisdiction shall be reported immediately to the appropriate jurisdiction for investigation and immediately referred to the placement and licensing units for follow-up action.</i></p>	
	<p>Procedure G: Notification of Police</p> <p>1. The Hotline Worker shall notify MPD for the following situations:</p> <ul style="list-style-type: none"> a. a child, a CFSA worker, or other person needs immediate protection to prevent bodily harm; b. a child requires immediate attention; or c. a child is found in a situation that is dangerous to his/her health or welfare. 	
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	<ol style="list-style-type: none"> 2. The Hotline Worker shall notify YPSD for any child fatalities or near fatalities if they have not already been notified. 3. The Hotline Worker shall forward, via facsimile, all abuse reports to YPSD. and call to confirm receipt. Reports sent to YPSD shall be identified as either Priority Level I or II. When a Level I abuse report is received, CFSA and YPSD shall jointly conduct an investigation. If the Hotline Worker determines that a Priority Level I or II neglect report involves an element of criminality, he or she shall notify YPSD via facsimile.
	<p>Procedure H: Critical Event Reports</p> <ol style="list-style-type: none"> 1. The purpose of the critical events report is to ensure that the Director's office is appraised of unusual and serious occurrences involving children in CFSA's care. 2. Hotline staff shall complete the Critical Event Reporting Form for the following situations: <ol style="list-style-type: none"> a. child fatalities or critical incidents; b. broken bones or scalding burns in children under the age of 6; c. missing children under the age of 12; d. runaways who are a danger to self or others; and e. institutional abuse. 3. The Critical Event Reporting Form shall be submitted to the Hotline Supervisor for approval. <p><i>See Critical Events Policy</i></p>
	<p>Procedure I: Diplomatic Immunity Reports</p> <ol style="list-style-type: none"> 1. The Hotline Worker shall notify Corporation Counsel immediately when reports of maltreatment, in which the alleged perpetrator has diplomatic immunity, are received. 2. The Corporation Counsel shall contact the State Department to determine the level of immunity, which shall then determine the extent of the investigation. 3. These reports shall not be initiated until legal advice is obtained.
	<p>Procedure J: Military Reports</p> <ol style="list-style-type: none"> 1. CFSA shall coordinate with the Walter Reed Army Medical Center (WRAMC) when a report of suspected child abuse or neglect involving active duty military personnel is received.

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	<p>2. The Hotline Worker shall obtain the basic demographic information in reports of maltreatment, in which the family has one or more members who are on active duty with one of the military branches.</p> <p>3. The Hotline Worker shall obtain the name of the individual who is on active duty since the military only maintains records of active personnel.</p> <p>4. The Hotline Worker shall follow the process outlined in <i>Procedure D: Gathering Information for Child Abuse or Neglect Reports</i>.</p> <p><i>See draft Memorandum of Understanding between (WRAMC) and CFSA.</i></p>
VIII. Professional Standards	

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Abandonment	<p>Evidence of “abandonment” includes:</p> <ul style="list-style-type: none"> (A) the child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and to locate the parents for a period of at least 4 weeks since the child was found; (B) the child’s parents gave a false identify at the time of the child’s birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for a period of at least four weeks since his or her disappearance; (C) the child’s parent, guardian, or custodian is known but has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship, or custodial relationship with the child for a period of at least four months; or (D) the child is a boarder baby (<i>i.e.</i> the child has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship or custodial relationship or contact with the child). <p><u>See</u> DC Code § 16-2316.</p>
Abuse	<p>“Abused” means:</p> <p>(i) infliction of physical or mental injury upon a child; (ii) sexual abuse or exploitation of a child; or (iii) negligent treatment or maltreatment of a child. The term “abused” does <u>not</u> include discipline administered by a parent, guardian or custodian to his or her child provided that the <u>discipline is reasonable in manner and moderate in degree</u> and otherwise does not constitute cruelty. The term “discipline” does not include (this list is illustrative of unacceptable discipline and is not intended to be exclusive or exhaustive): (I) burning, biting, or cutting a child; (II) striking a child with a closed fist; (III) inflicting injury to a child by shaking, kicking, or throwing a child; (IV) nonaccidental injury to a child under the age of 18 months; (V) interfering with a child’s breathing; and (VI) threatening a child with a dangerous weapon or using such a weapon on a child. The above list is illustrative of unacceptable discipline and is not intended to be exclusive or exhaustive. <u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”) amending DC Code § 16-2301(23).</p>

Controlled Substance	<p>“Controlled substance” means “a drug or chemical substance, or immediate precursor, as set forth in Schedules I through V of the DC Uniform Controlled Substances Act of 1981, which has not been prescribed by a physician.”</p> <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(36)</p>
Drug-Related Activity	<p>“Drug-related activity” means the “use, sale, distribution, or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription.”</p> <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(37).</p>
Negligent Treatment or Maltreatment	<p>“Negligent treatment” or “Maltreatment” means “failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect, and the deprivation is not due to a lack of financial means of the child’s parent, guardian or other custodian.”</p> <p><u>See</u> DC Code § 16-2301(24).</p>
Sexual Abuse	<p>“Sexual abuse” means:</p> <ul style="list-style-type: none"> (A) Engaging in, or attempting to engage in, a sexual act or sexual contact with a child (see definitions of “sexual act” and “sexual contact”); (B) Causing or attempting to cause a child to engage in sexually explicit conduct (see definition of “sexually explicit conduct”); or (C) Exposing a child to sexually explicit conduct (see definition of “sexually explicit conduct”). <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(32).</p>
Sexually Explicit Conduct	<p>“Sexually Explicit Conduct” mean actual or simulated:</p> <ul style="list-style-type: none"> (A) Sexual Act; (B) Sexual contact; (C) Bestiality; (D) Masturbation; or (E) Lascivious exhibition of the genitals, anus, or pubic area. <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(33).</p>

Sexual Act	<p>“Sexual Act” means:</p> <ul style="list-style-type: none"> (A) Penetration, however, slight, of the anus or vulva of another by a penis; (B) Contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or (C) The penetration, however slight, of the anus or vulva by a hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person. (D) The emission of semen is not required for the purposes of subparagraphs (A)-(C) of this paragraph. <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(34); DC Code § 22-3001(8).</p>
Sexual Contact	<p>“Sexual contact” means “the touching with any clothed or unclothed body part or any object, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.”</p> <p><u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”), which will be new DC Code § 16-2301(35); DC Code § 22-3001(9).</p>
Neglect	<p>A “neglected child” means a child:</p> <ul style="list-style-type: none"> (i) Who has been abandoned or abused by his or her parent, guardian, or custodian, or whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child. For purposes of this subparagraph, the term “reasonable efforts” includes filing a petition for civil protection from intrafamily violence pursuant to DC Code § 16-1003; (ii) Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian; (iii) Whose parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity (mental incapacity includes substance abuse);

<p>Neglect (Continued)</p>	<p>(iv) Whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child's care, control, or subsistence and the person or institution which is providing for the child states an intention to discontinue such care;</p> <p>(v) Who is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused;</p> <p>(vi) Who has received negligent treatment or maltreatment from his or her parent, guardian, or custodian;</p> <p>(vii) Who has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship or custodial relationship or contact with the child (such a child is commonly called a boarder baby);</p> <p>(viii) Who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth (Note: the court cannot make a finding of neglect based <u>solely</u> on this provision. <u>See</u> DC Code § 16-2317(b));</p> <p>(ix) In whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian or</p> <p>(x) Who is regularly exposed to illegal drug-related activity in the home.</p> <p><u>See</u> DC Code § 16-2301(9). <u>See</u> definitions of "controlled substance" and "drug-related activity."</p> <p>The law also provides that "no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this subchapter." <u>See</u> DC Code § 16-2301(9). CFSA must determine whether this exception applies on a case by case basis and consult with the Office of General Counsel when needed. Workers should not have reservations about seeking petitions when, in their professional judgment and assessment, a child is in immediate danger.</p>
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Mental Injury	Mental injury means “harm to a child’s psychological or intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, or a combination of those behaviors, and which may be demonstrated by a change in behavior, emotional response, or cognition.” <u>See</u> DC Law 14-440 (“Improved Child Abuse Investigations Amendment Act of 2002”) which will be new DC Code § 16-2301(31).
Physical Injury	Physical injury means “bodily harm greater than transient pain or minor temporary marks.” <u>See</u> DC Code § 16-2301(30).

Child Vulnerability Factors

- q Child is 0 – 5 years
- q Child is medically fragile
- q Child is physically handicapped or disabled
- q Child is developmentally disabled
- q Child is severely emotionally disturbed
- q Child has serious illness or health problem
- q Child is unable to communicate
- q Child is prone to inconsolable crying
- q Child has sustained a serious injury requiring immediate medical attention
- q Child exhibits FAE/FAS, positive toxicity or HIV
- q Child has been sexually abused
- q Child is malnourished and underweight
- q Child has endured long periods of isolation (e.g. being locked in a closet)
- q Child has been bound
- q Child is a fire starter
- q Child has been seriously injured
- q Child under the age of 14 is pregnancy

Caretaker/Family and Child Danger Factors

- q Caretaker is currently or was recently violent and/or out of control
- q Caretaker is currently using drugs or alcohol
- q The caretaker is mentally ill or developmentally disabled and cannot exercise reasonable judgment about the child's safety
- q The caretaker has made plausible threats to seriously harm or abandon a child
- q The caretaker has expressed extreme negative perceptions of the child
- q The caretaker is currently involved in dangerous criminal activity
- q There is a history of serious maltreatment
- q Caretaker or child appears suicidal or homicidal
- q Caretaker is severely angered by soiling accidents, feeding problems or inconsolable crying
- q A child is presently without appropriate supervision
- q A child has unexplained injuries that currently require medical treatment
- q Caretaker is unwilling or unable to protect the child from environmental hazards
- q A caretaker may have sexually abused a child, and if the caretaker is a paramour or stepparent this will trigger additional safety assessment questions.
- q Known pedophile or sexual predator is living in the home
- q Caretaker cages, binds or severely physically restricts a child
- q Family may flee to avoid CPS contact
- q Child under the age of 12 is afraid to go home